

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the linesCHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

ADDRESS (number and street)

ATTENTION: MARY ANN ROUSE

1000 BLYTHE BOULEVARD

☐Check if different  
than previously  
reported. (ACC)

CHARLOTTE

NC

28203

2861

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00423871

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

02

2010

in the  
State of

NC

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mary Ann Rouse

Signature of Treasurer

Electronically Filed by Mary Ann Rouse

Date

12

02

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	162965.18
(b) Cash on Hand at Beginning of Reporting Period .....	167777.18	
(c) Total Receipts (from Line 19) .....	14208.12	69527.07
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	181985.30	232492.25
7. Total Disbursements (from Line 31) .....	38000.00	88506.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	143985.30	143985.30
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	13531.02	56517.05
(ii) Unitemized .....	664.95	10374.19
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	14195.97	66891.24
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	14195.97	66891.24
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	6.95
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	12.15	128.88
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	14208.12	69527.07
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	14208.12	69527.07

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	6.95	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	6.95	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	38500.00	89000.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	-500.00	-500.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	-500.00	-500.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	38000.00	88506.95	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38000.00	88506.95	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	14195.97	66891.24
34. Total Contribution Refunds (from Line 28(d)) .....	-500.00	-500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14695.97	67391.24
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	6.95
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	6.95
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.37

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7858

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67  
monthly

**B.**

Full Name (Last, First, Middle Initial)

Dr. Herbert L Bonkovsky

Mailing Address 2214 Cumberland Road

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
PHYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7916

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Judy L Booth

Mailing Address 11448 Terrill Ridge Dr

City

Davidson

State

NC

Zip Code

28036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7849

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

687.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jerry L Bryson

Mailing Address 6503 Elfreda Road

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7891

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**B.**

Full Name (Last, First, Middle Initial)

Mr. Jerry L Bryson

Mailing Address 6503 Elfreda Road

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.7936

Amount of Each Receipt this Period

250.00

Credit Card Contribution

**C.**

Full Name (Last, First, Middle Initial)

Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City

Mount Holly

State

NC

Zip Code

28120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7863

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

312.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Jack F Chamblee

Mailing Address PO Box 550934

City

Gastonia

State

NC

Zip Code

28055-0934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7907

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 mon-  
thly

**B.**

Full Name (Last, First, Middle Initial)

Mr. Paul G Colavita

Mailing Address 2501 Sedley Road

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7868

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67  
monthly

**C.**

Full Name (Last, First, Middle Initial)

Eugene DeLaddy

Mailing Address 5213 Lila Wood Circle

City

Charlotte

State

NC

Zip Code

28209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare Syst-  
em

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.7918

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

591.67

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

John Doty

Mailing Address 16123 Chiltern Lane

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Healthcare System

Occupation

Physician - MD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7937

Amount of Each Receipt this Period

300.00

Credit Card Contribution

**B.**

Full Name (Last, First, Middle Initial)

David L Dunlap

Mailing Address 54 Picard Way

City

Charleston

State

SC

Zip Code

29412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7919

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

David Ellerbe

Mailing Address 2610 Tanglewood Lane

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7870

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

1320.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Joseph Ernest III

Mailing Address 1814 Dilworth Road West

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Healthcare System

Occupation

Physician - MD/Chair/OB/GYN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.7920

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Leonard G Feld

Mailing Address 11310 Ballantyne Crossing Av

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation

PHYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 7 / 2 0 1 0

Transaction ID: SA11AI.7922

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Marsha D Ford

Mailing Address 6836 Alexander Road

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation

PHYS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7892

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #413

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.37

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7853

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67  
monthly

**B.**

Full Name (Last, First, Middle Initial)

Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.37

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7880

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67  
monthly

**C.**

Full Name (Last, First, Middle Initial)

Dr. Frederick L Greene

Mailing Address 128 Altondale Avenue

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
PHYS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7851

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

854.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
 FED PAC

A.

Full Name (Last, First, Middle Initial)

KATHLEEN GREW

Mailing Address 16704 YARDARM LN

City

CORNELIUS

State

NC

Zip Code

28031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAROLINAS HEALTHCARE SYST-  
EM

Occupation

VP

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7898

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

B.

Full Name (Last, First, Middle Initial)

Russell Guerin

Mailing Address 3324 Meadow Bluff Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare Syst-  
em

Occupation

ADMIN

Receipt For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.37

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7873

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67  
monthly

C.

Full Name (Last, First, Middle Initial)

Russell Guerin

Mailing Address 3324 Meadow Bluff Drive

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolinas HealthCare Syst-  
em

Occupation

ADMIN

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3833.37

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7923

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional) ▶

2187.51

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

James B Hall, MD

Mailing Address 1114 Belgrave Place

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7943

Amount of Each Receipt this Period

500.00

Credit Card Contribution

**B.**

Full Name (Last, First, Middle Initial)

Ms. Janet D Handy

Mailing Address 8044 Silver Jade Drive

City

Denver

State

NC

Zip Code

28037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
ADMIN

Receipt For:

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7897

Amount of Each Receipt this Period

50.00

Payroll Deduction \$50 monthly

**C.**

Full Name (Last, First, Middle Initial)

Dr. Frank Harrison

Mailing Address 3741 Hearthstone Court

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.7924

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Thomas E Hassett

Mailing Address 7733 Compton Court

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7895

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**B.**

Full Name (Last, First, Middle Initial)

Henry C Hawthorne

Mailing Address 1310 James B White Hwy N

City

Whiteville

State

NC

Zip Code

28472

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7852

Amount of Each Receipt this Period

75.00

Payroll Deduction \$75 mon-  
thly

**C.**

Full Name (Last, First, Middle Initial)

Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City

Concord

State

NC

Zip Code

28027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare Syst-  
em

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.37

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7894

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

262.51

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Christopher R Hummer

Mailing Address 8304 Indigo Row

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7865

Amount of Each Receipt this Period

22.00

Payroll Deduction \$22 mon-  
thly

**B.**

Full Name (Last, First, Middle Initial)

James C Hunter

Mailing Address 1525 Kenilworth Ave #106

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7856

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34  
monthly

**C.**

Full Name (Last, First, Middle Initial)

Stephen Dennis Jones

Mailing Address 125 Lake Mist Drive

City

Belmont

State

NC

Zip Code

28012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare Syst-  
em

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7850

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

126.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Kathleen Ann Kaney

Mailing Address 2316 Vail Avenue

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7866

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 mon-  
thly

**B.**

Full Name (Last, First, Middle Initial)

Mr. Robert M Keener

Mailing Address 625 Club Drive

City

Stanley

State

NC

Zip Code

28164

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7890

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 mon-  
thly

**C.**

Full Name (Last, First, Middle Initial)

Mary Kuzmanovich

Mailing Address PO Box 1377

City

Davidson

State

NC

Zip Code

28036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare Syst-  
em

Occupation  
Vice President

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7905

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

70.84

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Thomas F Laymon

Mailing Address 7505 Tripper Lane

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7847

Amount of Each Receipt this Period

22.00

Payroll Deduction \$22 monthly

**B.**

Full Name (Last, First, Middle Initial)

Mr. Frank S Letherby

Mailing Address 5234 Lancelot Drive

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7883

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

**C.**

Full Name (Last, First, Middle Initial)

Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City

Huntersville

State

NC

Zip Code

28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7899

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

**SUBTOTAL** of Receipts This Page (optional) .....

188.68

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Donna Lockhart

Mailing Address 5523 Challis View Lane

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7885

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**B.**

Full Name (Last, First, Middle Initial)

FRIEDAM LOWDER

Mailing Address 14444 WESTGREEN DR

City

HUNTERSVILLE

State

NC

Zip Code

28078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CAROLINAS HEALTHCARE SYST-  
EM

Occupation  
SVP

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7855

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67  
monthly

**C.**

Full Name (Last, First, Middle Initial)

Michael J Lutes

Mailing Address 4025 Camrose Crossing

City

Matthews

State

NC

Zip Code

28104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7877

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

104.18

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

John Marx

Mailing Address 3535 Knapdale Lane

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
PHYS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.37

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7875

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67  
monthly

**B.**

Full Name (Last, First, Middle Initial)

John A. Miller

Mailing Address 1205 Briarwood Avenue

City

Anderson

State

SC

Zip Code

29621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
Administrator

Receipt For: 2010  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.7925

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. F Del Murphy

Mailing Address 2824 Winding Oak Drive

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7871

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

**SUBTOTAL** of Receipts This Page (optional) .....

1066.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. James C Olsen

Mailing Address 5900 Summerston Place

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7888

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joshua C Patt

Mailing Address 4343 Columbine Circle

City

Charlotte

State

NC

Zip Code

28211

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
PHYS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7879

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

**C.**

Full Name (Last, First, Middle Initial)

Mr. Dennis Phillips

Mailing Address 4310 4th Street Circle NW

City

Hickory

State

NC

Zip Code

28601-9021

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
Administration

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 1 / 2 0 1 0

Transaction ID: SA11AI.7946

Amount of Each Receipt this Period

1000.00

Credit Card Contribution

**SUBTOTAL** of Receipts This Page (optional) .....

1145.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7862

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

**B.**

Full Name (Last, First, Middle Initial)

Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City

Charlotte

State

NC

Zip Code

28210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7893

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

**C.**

Full Name (Last, First, Middle Initial)

Mr. James A Ramsey

Mailing Address 8028 Water View Drive

City

Belmont

State

NC

Zip Code

28012

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7896

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

**SUBTOTAL** of Receipts This Page (optional) .....

670.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3666.74

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7848

Amount of Each Receipt this Period

333.34

Payroll Deduction \$333.34  
monthly

**B.**

Full Name (Last, First, Middle Initial)

Lawrence W Raymond

Mailing Address 5740 Ballinard Lane

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare Syst-  
em

Occupation  
PHYS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7886

Amount of Each Receipt this Period

60.00

Payroll Deduction \$60 mon-  
thly

**C.**

Full Name (Last, First, Middle Initial)

Dr. Wanda Robinson

Mailing Address 233 Altondale Avenue

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare Syst-  
em

Occupation  
PHYS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7867

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 mo-  
nthly

**SUBTOTAL** of Receipts This Page (optional) .....

493.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Pamela M Rowell

Mailing Address 9702 Heritage Lane

City

Indian Trail

State

NC

Zip Code

28079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare Syst-  
em

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

359.04

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7902

Amount of Each Receipt this Period

44.88

Payroll Deduction \$44.88  
monthly

**B.**

Full Name (Last, First, Middle Initial)

Michael Ruhlen

Mailing Address 7216 Graybeard Court

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Healthcare Syst-  
em

Occupation  
VP/CMO CMC -Mercy & CMC - Pine

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 1 / 2 0 1 0

Transaction ID: SA11AI.7949

Amount of Each Receipt this Period

250.00

Credit Card Contribution

**C.**

Full Name (Last, First, Middle Initial)

Harriet Cindy Sartain

Mailing Address 6127 Highview Road

City

Matthews

State

NC

Zip Code

28104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare Syst-  
em

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.20

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7889

Amount of Each Receipt this Period

21.82

Payroll Deduction \$21.82  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

316.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Virginia Ellen Sheppard

Mailing Address 5345 Hillingdon Road

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 8 / 2 0 1 0

Transaction ID: SA11AI.7951

Amount of Each Receipt this Period

300.00

Credit Card Contribution

**B.**

Full Name (Last, First, Middle Initial)

Mr. Ronald M Smidt

Mailing Address P O Box 901

City

Troutman

State

NC

Zip Code

28166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7904

Amount of Each Receipt this Period

30.00

Payroll Deduction \$30 monthly

**C.**

Full Name (Last, First, Middle Initial)

Mr. Jody Jay Stock

Mailing Address 3466 Blue Jay Path

City

Fort Mill

State

SC

Zip Code

29708

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7874

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

**SUBTOTAL** of Receipts This Page (optional) .....

350.84

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Robin E Surane

Mailing Address PO Box 43

City

Cornelius

State

NC

Zip Code

28031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7906

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 mon-  
thly

**B.**

Full Name (Last, First, Middle Initial)

Daniel W Sweat

Mailing Address 133 Twin Lake Drive

City

Shelby

State

NC

Zip Code

28152

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7854

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 mo-  
nthly

**C.**

Full Name (Last, First, Middle Initial)

Mr. Michael C Tarwater

Mailing Address 2137 Dilworth Road East

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4583.37

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7864

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

541.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Alfred P Taylor

Mailing Address 1804 Arborway Road

City

Albemarle

State

NC

Zip Code

28001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7860

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

**B.**

Full Name (Last, First, Middle Initial)

Dr. Alan R Thalinger

Mailing Address 2524 Flint Grove Road

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
PHYS

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7869

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84 monthly

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alan R Thalinger

Mailing Address 2524 Flint Grove Road

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
PHYS

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

479.24

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 6 / 2 0 1 0

Transaction ID: SA11AI.7931

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

295.84

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Mr. David Thomas

Mailing Address 1609 Penderlea Lane

City

Matthews

State

NC

Zip Code

28105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.24

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7857

Amount of Each Receipt this Period

20.84

Payroll Deduction \$20.84  
monthly

**B.**

Full Name (Last, First, Middle Initial)

Stephen Wagner, PHD

Mailing Address 4301 Morrowick Road

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11AI.7952

Amount of Each Receipt this Period

250.00

Credit Card Contribution

**C.**

Full Name (Last, First, Middle Initial)

Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City

Charlotte

State

NC

Zip Code

28277

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.20

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7901

Amount of Each Receipt this Period

21.82

Payroll Deduction \$21.82  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

292.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 43

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.**

Full Name (Last, First, Middle Initial)

Ms. Phyllis Wingate-Jones

Mailing Address 5522 Challis View Lane

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CarolinasHealthCareSystem

Occupation  
ADMIN

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1833.37

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7884

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67  
monthly

**B.**

Full Name (Last, First, Middle Initial)

Zachary Zapack

Mailing Address 1800 Camden Road

City

Charlotte

State

NC

Zip Code

28203

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas HealthCare System

Occupation  
Administrator

Receipt For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.74

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.7846

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34  
monthly

**SUBTOTAL** of Receipts This Page (optional) .....

250.01

**TOTAL** This Period (last page this line number only) .....

13531.02

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Apodaca for NC Senate Committee	<b>Transaction ID:</b> SB23.7824 <b>Date of Disbursement</b>																				
Mailing Address 1504 Fifth Ave, West	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City Hendersonville State NC Zip Code 28739	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Campaign Contribution	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Apodaca for NC Senate Committee	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Bentley for County Commission	<b>Transaction ID:</b> SB23.7763 <b>Date of Disbursement</b>																				
Mailing Address 16036 Wynfield Creek Parkway	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City Huntersville State NC Zip Code 28078	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Campaign Contribution	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Bentley for County Commission	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Beverly Earle Campaign Committee	<b>Transaction ID:</b> SB23.7809 <b>Date of Disbursement</b>																				
Mailing Address 312 S. Clarkson Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City Charlotte State NC Zip Code 28202	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Campaign Contribution	<table border="1"> <tr> <td>750.00</td> </tr> </table>	750.00																			
750.00																					
Candidate Name Beverly Earle Campaign Committee	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Bill James Campaign	<b>Transaction ID:</b> SB23.7768 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 79315	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City Charlotte State NC Zip Code 28271	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Campaign Contribution	<table border="1"> <tr> <td>500.00</td> </tr> </table>	500.00																			
500.00																					
Candidate Name Bill James Campaign	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Campaign to Elect Debbie Clary	<b>Transaction ID:</b> SB23.7797 <b>Date of Disbursement</b>																				
Mailing Address 105 D02 Northshore Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City Cherryville State NC Zip Code 28021	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Campaign Contribution	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name Campaign to Elect Debbie Clary	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Jim Jacumin	<b>Transaction ID:</b> SB23.7784 <b>Date of Disbursement</b>																				
Mailing Address 3094 Brandon Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City Morganton State NC Zip Code 28655	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Campaign Contribution	<table border="1"> <tr> <td>250.00</td> </tr> </table>	250.00																			
250.00																					
Candidate Name Citizens for Jim Jacumin	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Citizens for Neil Cooksey Mailing Address 3816 Tablerock Rd	<b>Transaction ID:</b> SB23.7767 <b>Date of Disbursement</b> <div> <div>10</div> <div>19</div> <div>2010</div> </div>
City Charlotte State NC Zip Code 28226 Purpose of Disbursement Campaign Contribution Candidate Name Citizens for Neil Cooksey Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>500.00</div> <div>011</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect Ann Newman Mailing Address 5038 Carden Drive	<b>Transaction ID:</b> SB23.7814 <b>Date of Disbursement</b> <div> <div>10</div> <div>19</div> <div>2010</div> </div>
City Charlotte State NC Zip Code 28277 Purpose of Disbursement Campaign Contribution Candidate Name Committee to Elect Ann Newman Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>250.00</div> <div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Committee to Elect Jeff Barnhart Mailing Address PO BOX 1137	<b>Transaction ID:</b> SB23.7793 <b>Date of Disbursement</b> <div> <div>10</div> <div>19</div> <div>2010</div> </div>
City Concord State NC Zip Code 28026-0246 Purpose of Disbursement Campaign Contribution Candidate Name Committee to Elect Jeff Barnhart Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>500.00</div> <div>011</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.** Full Name (Last, First, Middle Initial)  
Committee to Elect Kelly Alexander

Mailing Address PO BOX 16896

City Charlotte State NC Zip Code 28297-6896

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Committee to Elect Kelly Alexander

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.7822

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Committee to Elect Linda P. Johnson

Mailing Address 1205 Berkshire Drive

City Kannapolis State NC Zip Code 28081

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Committee to Elect Linda P. Johnson

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.7795

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

500.00

**C.** Full Name (Last, First, Middle Initial)  
Committee to Elect Murray

Mailing Address 1020 Isleworth Ave

City Charlotte State NC Zip Code 28203

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Committee to Elect Murray

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.7771

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Becky Carney	<b>Transaction ID:</b> SB23.7811 <b>Date of Disbursement</b>
Mailing Address PO BOX 32873	<div> <div>10</div> <div>19</div> <div>2010</div> </div>
City Charlotte State NC Zip Code 28232	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Contribution Candidate Name Committee to Re-Elect Becky Carney	<div>750.00</div> <div>011 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Committee to Re-Elect Ray Rapp	<b>Transaction ID:</b> SB23.7836 <b>Date of Disbursement</b>
Mailing Address 43 Backhollow Road	<div> <div>10</div> <div>19</div> <div>2010</div> </div>
City Mars Hill State NC Zip Code 28754	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Contribution Candidate Name Committee to Re-Elect Ray Rapp	<div>500.00</div> <div>011 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Dan Ramirez Campaign	<b>Transaction ID:</b> SB23.7776 <b>Date of Disbursement</b>
Mailing Address 4625 Piedmont Row E-407	<div> <div>10</div> <div>19</div> <div>2010</div> </div>
City Charlotte State NC Zip Code 28210	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Contribution Candidate Name Dan Ramirez Campaign	<div>250.00</div> <div>011 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Dewey L. Hill	<b>Transaction ID:</b> SB23.7801 <b>Date of Disbursement</b>																				
Mailing Address 1622 S. Madison St. PO BOX 723	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City Whiteville State NC Zip Code 28472	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Campaign Contribution Candidate Name Dewey L. Hill	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					
<b>B.</b> Full Name (Last, First, Middle Initial) Dumont Clarke Campaign	<b>Transaction ID:</b> SB23.7758 <b>Date of Disbursement</b>																				
Mailing Address 2124 Kenmore Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City Charlotte State NC Zip Code 28204	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Campaign Contribution Candidate Name Dumont Clarke Campaign	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					
<b>C.</b> Full Name (Last, First, Middle Initial) Dunlap for County Commission	<b>Transaction ID:</b> SB23.7764 <b>Date of Disbursement</b>																				
Mailing Address 4728 Garvis Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City Charlotte State NC Zip Code 28269	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Campaign Contribution Candidate Name Dunlap for County Commission	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type: 011																					

SUBTOTAL of Disbursements This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC**A.** Full Name (Last, First, Middle Initial)  
Elect Rodney W. Moore for NC House 99

Mailing Address 1914 Yaupon Road

City Charlotte State NC Zip Code 28215

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Elect Rodney W. Moore for NC House 99011  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
Other (specify) ▼

State: District:

Transaction ID: SB23.7805

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

250.00

**B.** Full Name (Last, First, Middle Initial)  
Friends fo Tim Moore

Mailing Address 1417 Merrimont Drive

City Kings Mountain State NC Zip Code 28086

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Friends fo Tim Moore011  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
Other (specify) ▼

State: District:

Transaction ID: SB23.7799

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Friends of Joe Sam Queen

Mailing Address 71 Pigeon Street

City Waynesville State NC Zip Code 28786

Purpose of Disbursement  
Campaign ContributionCandidate Name  
Friends of Joe Sam Queen011  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
Other (specify) ▼

State: District:

Transaction ID: SB23.7838

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 43

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

**A.** Full Name (Last, First, Middle Initial)  
Hartsell - State Senator Committee

Mailing Address PO BOX 1709

City Concord State NC Zip Code 28206-1709

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Hartsell - State Senator Committee

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
Other (specify) ▼

State: District:

Transaction ID: SB23.7791

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Heath Shuler for Congress

Mailing Address PO Box 8446  
951 Old Fairview Road

City Asheville State NC Zip Code 28803

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Heath Shuler for Congress

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
Other (specify) ▼

State: NC District: 11

Transaction ID: SB23.7778

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
Hugh Blackwell for NC House

Mailing Address 321 Mountain View Ave SE

City VALdese State NC Zip Code 28690

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
Hugh Blackwell for NC House

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2010 ☐ Primary ☒ General  
Other (specify) ▼

State: District:

Transaction ID: SB23.7790

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

250.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC**A.** Full Name (Last, First, Middle Initial)  
Jennifer Roberts for County Commission

Mailing Address 619 Clement Avenue

City State Zip Code  
Charlotte NC 28204Purpose of Disbursement  
Campaign ContributionCandidate Name  
Jennifer Roberts011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.7772

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Amount of Each Disbursement this Period

500.00

**B.** Full Name (Last, First, Middle Initial)  
Jim Forrester Campaign for NC State Senate

Mailing Address PO BOX 459

City State Zip Code  
Stanley NC 28164Purpose of Disbursement  
Campaign ContributionCandidate Name  
Jim Forrester Campaign for NC State Senate011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.7803

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Amount of Each Disbursement this Period

250.00

**C.** Full Name (Last, First, Middle Initial)  
Jim Pendergraph for Commissioner

Mailing Address PO BOX 38707

City State Zip Code  
Charlotte NC 28278Purpose of Disbursement  
Campaign ContributionCandidate Name  
Jim Pendergraph for Commissioner011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.7775

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	9		2	0	1	0

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Justin Burr for NC House Mailing Address PO BOX 1966	<b>Transaction ID:</b> SB23.7828 <b>Date of Disbursement</b> <div> <div>10</div> <div>19</div> <div>2010</div> </div>
City Albermarle State NC Zip Code 28002 Purpose of Disbursement Campaign Contribution Candidate Name Justin Burr for NC House Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>250.00</div> <div>011</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Killiam for North Carolina Mailing Address 16703 ANSLEY WALK LANE City Charlotte State NC Zip Code 28277 Purpose of Disbursement Campaign Contribution Candidate Name Killiam for North Carolina Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB23.7816 <b>Date of Disbursement</b> <div> <div>10</div> <div>19</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div> <div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Martha Alexander Campaign Committee Mailing Address PO BOX City Charlotte State NC Zip Code 28222 Purpose of Disbursement Campaign Contribution Candidate Name Martha Alexander Campaign Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB23.7820 <b>Date of Disbursement</b> <div> <div>10</div> <div>19</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>750.00</div> <div>011</div> Category/ Type
<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<div>1500.00</div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<div></div>

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

<b>A.</b> Full Name (Last, First, Middle Initial) McHenry for Congress Mailing Address PO BOX 1406	<b>Transaction ID:</b> SB23.7955 <b>Date of Disbursement</b> <div> <div>10</div> <div>28</div> <div>2010</div> </div>
City State Zip Code HICKORY NC 28601 Purpose of Disbursement Campaign Contribution Candidate Name McHenry for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 10	<b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <div>011</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Mel Watt for Congress Committee Mailing Address PO Box 36831 City State Zip Code Charlotte NC 28236 Purpose of Disbursement Campaign Contribution Candidate Name Mel Watt for Congress Committee Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 12	<b>Transaction ID:</b> SB23.7779 <b>Date of Disbursement</b> <div> <div>10</div> <div>19</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Mike McIntyre for Congress Mailing Address PO Box 1 City State Zip Code Lumberton NC 28359 Purpose of Disbursement Campaign Contribution Candidate Name Mike McIntyre for Congress Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 07	<b>Transaction ID:</b> SB23.7777 <b>Date of Disbursement</b> <div> <div>10</div> <div>19</div> <div>2010</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <div>011</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

15000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Mitch Gillespie for NC House	<b>Transaction ID:</b> SB23.7787 <b>Date of Disbursement</b>
Mailing Address 185 Cross Creek North Ridge Drive	<div> <div>10</div> <div>19</div> <div>2010</div> </div>
City Marion State NC Zip Code 28752	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Contribution Candidate Name Mitch Gillespie for NC House	<div>250.00</div> <div>011 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General State: District: Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Myrick for Congress	<b>Transaction ID:</b> SB23.7781 <b>Date of Disbursement</b>
Mailing Address PO Box 37091	<div> <div>10</div> <div>19</div> <div>2010</div> </div>
City Charlotte State NC Zip Code 28237	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Contribution Candidate Name Myrick for Congress	<div>3000.00</div> <div>011 Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General State: NC District: 09 Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Phil Haire for NC House of Representatives	<b>Transaction ID:</b> SB23.7834 <b>Date of Disbursement</b>
Mailing Address PO BOX 727	<div> <div>10</div> <div>19</div> <div>2010</div> </div>
City Syiva State NC Zip Code 28779	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Campaign Contribution Candidate Name Phil Haire for NC House of Representatives	<div>500.00</div> <div>011 Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General State: District: Other (specify) ▼	

**SUBTOTAL** of Disbursements This Page (optional) .....

**3750.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Randleman for NC House Mailing Address 487 Triple Cove Drive	<b>Transaction ID:</b> SB23.7832 <b>Date of Disbursement</b> <div> <div>10</div> <div>19</div> <div>2010</div> </div>
City Wilkesboro State NC Zip Code 28698-7493 Purpose of Disbursement Campaign Contribution Candidate Name Randleman for NC House Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Amount of Each Disbursement this Period</b> <div>250.00</div> <div>011</div> Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE Mailing Address POST OFFICE BOX 5928 City WINSTON-SALEM State NC Zip Code 27113 Purpose of Disbursement Campaign Contribution Candidate Name RICHARD BURR COMMITTEE Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 00	<b>Transaction ID:</b> SB23.7780 <b>Date of Disbursement</b> <div>10</div> <div>19</div> <div>2010</div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div> <div>011</div> Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Snow for Senate Campaign Mailing Address 105 Van Horn Street City Murphy State NC Zip Code 28906 Purpose of Disbursement Campaign Contribution Candidate Name Snow for Senate Campaign Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	<b>Transaction ID:</b> SB23.7843 <b>Date of Disbursement</b> <div>10</div> <div>19</div> <div>2010</div> <b>Amount of Each Disbursement this Period</b> <div>500.00</div> <div>011</div> Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Steve Gose for NC Senate	<b>Transaction ID:</b> SB23.7830 <b>Date of Disbursement</b>																				
Mailing Address 166 Morningside Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City State Zip Code Boone NC 28607	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Campaign Contribution Candidate Name Steve Gose for NC Senate	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type <table border="1"> <tr> <td>011</td> </tr> </table>	011																			
011																					
<b>B.</b> Full Name (Last, First, Middle Initial) The Tricia Cotham Committee	<b>Transaction ID:</b> SB23.7807 <b>Date of Disbursement</b>																				
Mailing Address 107 Sardis Grove Lane	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City State Zip Code Matthews NC 28105	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Campaign Contribution Candidate Name The Tricia Cotham Committee	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type <table border="1"> <tr> <td>011</td> </tr> </table>	011																			
011																					
<b>C.</b> Full Name (Last, First, Middle Initial) W. David Guice for NC House	<b>Transaction ID:</b> SB23.7826 <b>Date of Disbursement</b>																				
Mailing Address 297 Cardinal Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City State Zip Code Brevard NC 28712	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Campaign Contribution Candidate Name W. David Guice for NC House	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type <table border="1"> <tr> <td>011</td> </tr> </table>	011																			
011																					
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1"> <tr> <td>38500.00</td> </tr> </table>	38500.00																			
38500.00																					

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES  
FED PAC

A.

Full Name (Last, First, Middle Initial)

RICHARD BURR COMMITTEE

Mailing Address POST OFFICE BOX 5928

City  
WINSTON-SALEM

State  
NC

Zip Code  
27113

Purpose of Disbursement  
Campaign Contribution

Candidate Name  
RICHARD BURR COMMITTEE

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NC District: 00

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: SB28B.7909

Date of Disbursement

MM / DD / YYYY  
11 / 04 / 2010

Amount of Each Disbursement this Period

-500.00

SUBTOTAL of Disbursements This Page (optional) .....

-500.00

TOTAL This Period (last page this line number only) .....

-500.00